

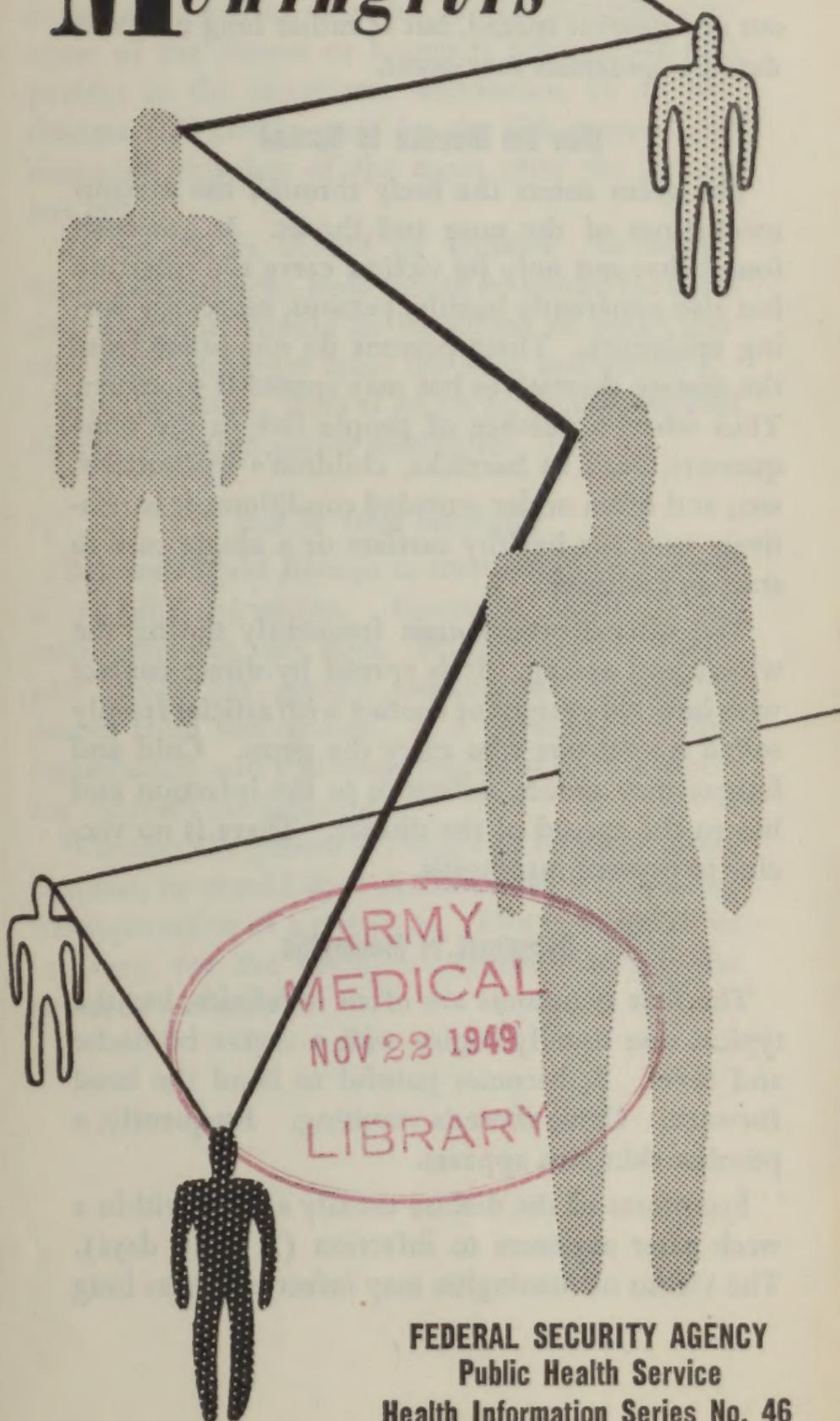
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Meningococcus *Meningitis*



FEDERAL SECURITY AGENCY
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MENINGOCOCCUS MENINGITIS

(Cerebrospinal Fever; Epidemic Meningitis)

Meningitis is a disease in which the delicate membranes or linings which cover the brain or spinal cord become inflamed. This inflammation is caused by a germ, the meningococcus.

Cases of meningitis crop up now and then without any general spread, but at rather long intervals definite epidemics may occur.

How the Disease Is Spread

The germ enters the body through the mucous membranes of the nose and throat. It has been found that not only its victims carry the infection but also apparently healthy persons, especially during epidemics. These persons do not suffer from the disease themselves but may spread it to others. Thus when a number of people live in the same quarters, such as barracks, children's institutions, etc., and often under crowded conditions, it is relatively easy for healthy carriers or a single case to start an outbreak.

The disease occurs most frequently during the winter and spring. It is spread by direct contact with infected persons or contact with articles freshly soiled by persons who carry the germ. Cold and fatigue may reduce resistance to the infection and hasten the spread of the disease. There is no vaccine to prevent meningitis.

Symptoms of Meningitis

The first symptoms are often indefinite, but the typical case usually begins with a severe headache and fever. It becomes painful to bend the head forward. Often there is vomiting. Frequently, a peculiar skin rash appears.

Symptoms of the disease usually appear within a week after exposure to infection (2 to 10 days). The victim of meningitis may infect others as long

as laboratory tests show that there is a discharge of the virulent germs from his nose or throat.

If the disease, or recent exposure to a case, is even suspected, a physician should be called without delay.

The Control of Meningitis

The control of epidemics of meningitis depends on the early recognition and reporting of cases; the isolation of known cases for at least 2 weeks after onset of the disease or longer if bacteria are still present in the secretions; disinfection of all discharges and articles used by the sick person; and thorough cleaning of the room after the patient has left it.

Overcrowding should be avoided. In dormitories and barracks, beds should be spaced far apart and occupants should be instructed to avoid contact with discharges from the nose and mouth.

Unfortunately, there is as yet no known method of immunization against meningitis.

How To Treat Meningitis

No one should attempt to treat meningitis except a qualified physician. Formerly, fatality from meningitis was very high. Prompt treatment with new drugs has greatly reduced the number of deaths from this disease. If a physician is called immediately and treatment begins at once, chances for recovery are favorable.

Whether the patient is treated at home or in the hospital, he should have skilled nursing care under the supervision of a physician. This is essential for recovery, for the patient's comfort, and for the protection of others.



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